

THE COMMUNITY AND FAMILY LIVING AMENDMENTS OF 1985
"
(S. 873 and H.R. 2902T)
FACT SHEET

Purpose

The Community and Family Living Amendments (CFLA) of 1985 (S. 873 and H.R. 2902) would amend the Medicaid program (Title XIX of the Social Security Act) to better "assist severely disabled individuals to attain or maintain their maximum potential for independence and capacity to participate in community and family life". CFLA would, over a period of 14 years, restructure Medicaid services for mentally retarded and other severely disabled individuals by shifting the priority of the Federal share of Medicaid funds from long-term institutional arrangements to services provided in community-based, integrated, family-scale environments. Medicaid coverage for services for severely disabled persons living at home or in community settings would be expanded under CFLA.

Background

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CFLA bills have been introduced in both Houses of the 99th Congress. S. 873 was introduced on April 3, 1985 by Senator John Chafee (R-RI). Original co-sponsors were: Robert Stafford (R-VT) and Daniel Inouye (D-HI). H.R. 2902 was introduced on June 27, 1985 by Congressman James Florio (D-NJ). Original co-sponsors were: Tony Coelho (D-CA), Bruce Morrison (D-CT), Dean Gallo (R-NJ), and Robert Torricelli (R-NJ). There are now six Senate sponsors and over 35 House sponsors of CFLA, together representing 19 states.

Association for Retarded Citizens' Position

CFLA is considered by the ARC as the most important piece of legislation of this decade affecting people who are developmentally disabled. It is seen as an opportunity to make adjustments to the Medicaid program which are in keeping with current philosophies of care, training, and community living for people with disabilities. In addition to correcting the "institutional bias" in the Medicaid program as it relates to severely disabled individuals, CFLA will assist the states in establishing those home and community-based services which can provide a preferred alternative to institutionalization. The know-how and technology to provide community services even to those with the most complex needs have been demonstrated throughout the country, validating the purpose of CFLA to commit federal funds to individualized, mainstreamed services in the community. The ARC strongly supports CFLA and urges its prompt passage.

Major Provisions

As a condition of receiving federal funds for certain services not now available under their existing state Medicaid plans, states will be required to engage in long-term systematic planning of coordinated community and institutional service delivery systems affecting people with disabilities. The bills

include many provisions designed to ensure quality services for persons who are institutionalized and for those living at home or in community settings. Involvement on the part of clients, parents, and/or families in the decisions affecting a disabled person is required. Other major provisions contained in CFLA are briefly listed below:

1. Making CFLA services available to persons who are Medicaid eligible with a disability originating before age 35, or before age 22 in the case of mental disability. This would include disabled children in low income families and most adults with developmental disabilities. Adjustments are proposed to assure that disabled people do not lose their eligibility merely because they also receive Social Security benefits.
2. Requiring that states include some "community and family support services" in their Medicaid plans beginning two years after the effective date of the act. Permitting states to offer any supportive services chosen from a comprehensive list including such items as independent living services, habilitation and certain vocational services. Case management services, protective intervention services, and individual/family support services (which would include personal assistance and respite care) would be mandatory in each state's plan.
3. Permitting states to include such services with reimbursement beginning at the effective date.
4. Requiring service provision to be based on an individualized plan developed by an interdisciplinary team including client participation and family participation as appropriate.
5. Requiring protection of individual rights through an independent protection and advocacy system and through establishment of hearing and appeals procedures related to individualized program plans, in addition to the mandated case management and protective intervention services.
6. Making federal Medicaid reimbursement to the state conditional on completion of an implementation agreement between the state and the Secretary of HHS. Such agreements must cover a range of issues (quality control, protections of individual rights, training of employees, audits and monitoring arrangements, a plan for increasing community resources and decreasing reliance on large institutions, among others) and each agreement will be composed by the state in the light of circumstances prevailing in the state.

7. Making gradual reductions in the percentage of federal Medicaid match as it applies to care of certain "severely disabled individuals" in Medicaid-certified long-term care facilities accommodating more than 15 residents. The rate would be reduced by 1% per quarter over ten years (i.e., a 50% rate would drop to 30%, a 75% rate to 45%) thereby fostering but not imposing a reduction in its use of institutional beds. The federal matching percentage for community-based programs would remain at the level of other Medicaid services offered by the state.
8. Placing a limit on state's claims for federal reimbursement under Medicaid for expenditures in institutional settings in the year 2000. A limit will be placed on use of federal Medicaid funds for facilities over 15 beds - the limit will be 15% of federal Medicaid expenditures in a chosen "base year", adjusted for inflation. No limits are set on state expenditures in the large facilities. It is expected that the "15% limit" after 2000 A.D. and the reduced percentage for institutional services will work together to allow a state to maintain, with a federal match, up to 25% of its current institutional-based population in mid-size and/or large facilities while fostering the growth of community and family-based service provision for severely disabled people.

Community and Family Living Amendments of 1985
?original sponsors

Co-sponsors of S. 873

?John Chafee (R-RI)
?Daniel Inouye (D-HI)
?Robert Stafford (R-VT)
Claiborne Pell (D-RI)
Patrick Leahy (D-VT)
James Sasser (D-TN)

Co-sponsors of H.R. 2902

?James Florio (D-NJ) ?Tony
Coehlo (D-CA) ?Bruce
Morrison (D-CT) ?Dean Gallo
(R-NJ) ?Robert Torricelli
(D-NJ)
Chester Atkins (D-MA)
Howard Berman (D-CA)
Sala Burton (D-CA)
John Conyers (D-MI)
George Crockett (D-MI)
Vic Fazio (D-CA)
Tony Hall (D-OH)
Augustus Hawkins (D-CA)
Frank Horton (R-NY)
William Hughes (D-NJ)
James Jeffords (R-VT)
Matthew Martinez (D-CA)
Parren Mitchell (D-MD)
Robert Mrazek (D-NY)
Nick Rahall II (D-W.VA)
Robert Roe (D-NJ)
Gus Savage (D-IL)
Larry Smith (D-FL)
Olympia Snowe (R-ME)
Arlan Stangeland {R-MN)
FoFo Sunia (D-Amer. Samoa)
Edolphus Towns (D-NY)
Howard Wolpe (D-MI)
Jim Cooper (D-TN)
Thomas Foglietta (D-PA)
James Oberstar (D-MN)
Patricia Schroeder (D-CO)
Walter Fauntroy (D-DC)
Edward Markey (D-MA)
Fernand J. St. Germain (D-RI)
Timothy Wirth (D-CO)

HIGHLIGHTS FROM H.R. 2902 COMMUNITY
AND FAMILY LIVING AMENDMENTS OF 1985

1. Page 2. (o) Severely Disabled Individual: Onset of disabilities before age 35 or in the case of someone whose primary disability is a mental impairment before age 22.
2. Pages 2. 3. and 4. (r) Community Living Facility: Is the definition satisfactory?
3. Pages ~~11~~-13. (2) Community and Family Living Services: Is this list complete?
4. Pages 14 and 15, (5) Maintenance of Effort: Does this make sense?
5. Pages 17-28, (d) Community and Family Living Implementation Agreement: Are there specific steps that should be added to or deleted from requirements for an implementation agreement?
6. Pages 30-33 Sec. 4: Section 1903 is amended by adding subsection (s) Limitation on Payments for Services Provided in Large Facilities. Does this seem fair?
7. Pages 33-35 Sec. 5: Section 1903 of the Social Security Act is amended by section 4 of Act by adding subsection (t) Reduction in Federal Matching for Services Provided in Large Facilities. Does this subsection seem appropriate?